

APPENDIX F

BILLING MEDICAID FOR HEALTH-RELATED SERVICES IN STUDENT'S INDIVIDUALIZED EDUCATION PROGRAM (IEP) OR INDIVIDUALIZED FAMILY SERVICE PROGRAM (IFSP)

Request for Consent to Bill Medicaid

This consent form allows the school corporation to bill Medicaid for covered health-related services in your child's Individualized Education Program. The funds received from Medicaid help pay the State's costs to provide Special Education and related services. We appreciate your cooperation and support.

Your Child's Rights to Special Education

- Your child's right to receive the services listed in his or her IEP will continue, without interruption and at no cost to you, whether or not you sign this form.
- Giving consent will not impact your child's Medicaid coverage.
- You have the right to change this consent at any time.

Consent for the School Corporation to Bill Medicaid for Student's Health-Related Educational Services

Student Name: _____ Student Date of Birth: _____

I have reviewed this student's Individualized Education Program (IEP), dated:

_____,
(date of IEP)

and give my consent for the school corporation to bill Medicaid, in accordance with state and federal laws, for health-related educational services in this student's IEP. By signing this consent I authorize the school corporation to release this student's records to Medicaid as necessary for eligibility determination, billing and auditing. I understand that, upon request, I may receive copies of records disclosed pursuant to this authorization.

Parent/Guardian Signature:

Print Name Signature Date

This form must be maintained and made available for audit purposes.